WELL COMPLETION REPORT

3/71

41 23 30 73 42 28

## PUTNAM COUNTY DEPARTMENT OF HEALTH

Division of Environmental Health Services COUNTY OFFICE BUILDING - CARMEL, NEW YORK

This report is to be completed by well driller and submitted to County Health Department together with laboratory report of analysis of water sample indicating water is of satisfactory bacterial quality before certificate of construction compliance is issued.

REPORT MUST BE SUBMITTED WITHIN 30 DAYS OF WELL COMPLETION NAME ADDRESS OWNER Senasone N.ck (Town) LOCATION (Lot Number) OF WELL OGAN 00 DAC BUSINESS DOMESTIC ESTABLISHMENT PROPOSED FARM TEST WELL USE OF PUBLIC WELL AIR OTHER INDUSTRIAL SUPPLY CONDITIONING (Specify) COMPRESSED AIR PERCUSSION DRILLING CABLE OTHER (Specify) ROTARY PERCUSSION EQUIPMENT DIAMETER (Inches) WEIGHT PER FOOT LENGTH (teet) DRIVE SHOE WAS CASING GROUTED? CASING THREADED DETAILS 20 WELDED YES. TYES NO NO HOURS G.P.M. YIELD (G.P.M.) YIELD COMPRESSED AIR BAILED PUMPED TEST MEASURE FROM LAND SURFACE-STATIC (Specify leet) DURING YIELD TEST (feet) WATER Depth of Completed Well LEVEL in feet below Land surfaces LENGTH OPEN TO AQUIFER (Inet) SCREEN SLOT SIZE DETAILS DIAMETER (Inches) GRAVEL SIZE (Inches) FROM (feet) TO (teet) IF GRAVEL Diameter of well including PACKED: gravel pack (Inches): DEFTH FROM LAND SURFACE Sketch exact location of well with distances, to at least two permanent landmarks. FORMATION DESCRIPTION FEET to FEET RedRock HOUSE DRIVE 20 Logar If yield was tested at different depths during drilling, list below FEET GALLONS PER MINUTE DATE OF REPORT WELL DRILLER (Signature)